

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

|                            |  |
|----------------------------|--|
| NO. OF APPLICANTS RECEIVED |  |
| DISTRIBUTION               |  |
| SANTA FE                   |  |
| FILE                       |  |
| U.S.U.S.                   |  |
| LAND OFFICE                |  |
| TRANSPORTER                |  |
| OIL                        |  |
| GAS                        |  |
| OPERATOR                   |  |
| PRODUCTION OFFICE          |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

APACHE CORPORATION

Address

1700 LINCOLN, #4900, DENVER, COLORADO 80203-4549

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

Other (Please explain)

If change of ownership give name and address of previous owner Cotton Petroleum Corporation, 3773 Cherry Creek Drive No., #750, Denver, Colorado 80209

II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE Well No. 10 Pool Name, including Formation Sis Blanco PC  
LINDRITH GALLUP - DAKOTA W. Kind of Lease State, Federal or Fee FEDERAL Lease No. 126

Location

Unit Letter K ; 1850' Feet From The South Line and 1795' Feet From The West

Line of Section 12 Township 24N Range 4W , NMPM, RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS P.O. BOX 1492 - EL PASO, TX 79978

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

24N 4W YES

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| Designate Type of Completion - (X)   | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res. |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|------------|
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |            |
| Perforations                         | Depth Casing Shoe           |                 |              |          |        |           |             |            |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |             |            |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David M. Felt  
(Signature)

Operations Eng.  
(Title)

10/13/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 20 1986  
BY Frank J. Davis  
SUPERVISOR DISTRICT 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.